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Gender, ethnicity and empowerment in later life

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ABSTRACT

Studies of later life are increasingly emphasising its positive aspects as a time which is not necessarily linked to decline and dependency. Gender is also accepted as an important variable in the experience of advancing years. However, the significance of ethnicity is less often emphasised. Based on preliminary analyses from research with older women from a variety of ethnic backgrounds, this article focuses on what they identify as important in terms of living their later years. The article emphasises migration and cultural differences in perceptions of ageing. It concludes with a discussion of the meanings of empowerment.

KEY WORDS

gender

ethnicity

life course

migration

empowerment

INTRODUCTION

It is increasingly being acknowledged that later life need not inevitably be a period of debilitation and decline (Phillipson, 1998).

While it is important not to underestimate the problems and difficulties that some older

people may face, it is also necessary to understand what contributes to their quality of life and how this might be supported and enhanced. A further feature of recent studies of later life is their emphasis on gender. This is because in many Westernised societies, including Britain, the proportion of older

women compared to older men in the population increases with age and more women than ever reach 'older' old age. This has led some commentators to argue that later life has become progressively feminised (Maynard, 1999).

One aspect of the ageing process which appears to be relatively under-researched relates to ethnicity. This may be due to the fact that in the recent past minority ethnic populations tended to have a younger demographic profile. However, this is now changing as the early post-second world war migrants reach later life, although minority ethnic groups still have a much smaller proportion of their population over 60 years (DSS, 2000). While figures suggest that not all ethnic groups age at the same pace and with similar sex ratios, commentators expect the current situation, where there are more minority ethnic men than women in the elderly population, to be reversed in the future (Owen, 1996).

The ESRC research discussed in this article brings together concerns about what constitutes quality of life, gender and ethnicity¹. It focused on two central research questions: how do older women understand and evaluate their quality of life, and how might this quality be extended? The research, which started in September 2000, was of 17 months' duration. Interviews and focus group discussions were held with 170 British women aged between 60 and 80 years who defined themselves as African (or Black), Caribbean from different Caribbean islands, Bangladeshi, Indian and Pakistani and as white, including first-generation Polish migrants, Irish and non-migrant women. The respondents were from suburban, rural and inner city areas, although the minority ethnic participants were mainly from the latter. Although there is a wide variety of definitions and ways of measuring quality of life, it is not intended to discuss these here (Smith, 2000). Rather, this paper comprises an overview of some of the main themes and issues that have emerged from the preliminary analysis of the research, concluding with some thoughts on the implications of these. It therefore focuses on the views and experiences of later life that come from the women themselves.

QUALITY OF LIFE: THE ISSUES FOR OLDER WOMEN

Broadly speaking, the women in the research focused on eight major aspects of their lives and experiences to reach conclusions about quality of life. These can be organised into two categories.

Concerns about physical and material factors

- leisure/work opportunities and activities
- access to resources, such as housing and transport
- environmental issues, (for example accumulations of rubbish)
- fear of crime and lack of safety
- matters of embodiment relating to health, mobility and fitness.

Issues of emotion, psychological wellbeing and social support

- shared identity, especially language, culture and tradition
- social networks of family, friends and community
- faith and spirituality
- changing meanings and dimensions of time and space.

The following emphasises the most significant aspects emerging from the analysis so far.

Health appears as *the* most important issue in relation to quality of life for our participants, supporting other research data (Sidell, 1995). Despite having a range of health-related issues, such as high blood pressure, diabetes, arthritis, asthma and heart problems, the majority reported getting on with their lives and feeling positive about themselves. Good health was linked to strong relationships with others, religious beliefs, mobility and the ability to participate. The majority felt that, although agility might decrease, they were able to take part in activities such as dancing, walking, swimming, arts activities, exercise classes or everyday tasks. When interests were under threat due to health problems, participants spoke of their

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attempts to maintain those interests and remain active at all costs. This was across the board and many participants were active contributors to their neighbourhoods and communities.

The majority regarded standards of healthcare as important to quality of life and reported what they had received as good. However, a significant minority noted that doctors often linked their health issues to ageing *per se*, which meant they might be given little treatment or told that nothing could be done (Bernard & Meade, 1993). They argued strongly that this kind of approach should be countered. This may happen through the National Service Framework for Older People, published in March 2001, which aims to ensure that NHS services are provided to all on the basis of need and regardless of age. There was general agreement that waiting times for hospital treatment were too long, which might reduce quality of life for a while, and some said they found the attention they received uncaring. Inconsistency in availability of interpreters at doctors' surgeries and hospitals meant that women became practised in this role for family, friends and their communities more generally. Issues regarding communication difficulties, lack of information in appropriate languages and lack of understanding of cultural needs have been noted by other researchers (Akhilak, 2001).

Income, although an issue for most of the participants, did not emerge as the most central in terms of quality of life. A range of income levels was represented. Although some women worried about their ability to pay bills and were unable to afford many luxuries or holidays, they did not report this in terms of preventing them from following locally and domestically-based interests, leisure activities or hobbies. Rather, they used their skills in such areas as cooking, sewing and nursing to make a positive contribution to families and communities. Some of the Asian women were learning English for the first time and were finding that this opened up new ways of accessing the community. For these groups, extra money was seen as offering the potential for more trips out and travel further afield, particularly for those with kin overseas.

Those with less immediate financial concerns tended to be white non-migrants from the suburban and rural areas. There were also some middle class Indian contributors

who had wider social and leisure interests. These groups travelled, joined clubs and went to the theatre and concerts. Some acted as community advocates or engaged in charity work. Nevertheless, although income may be enabling and more of it would have been welcomed, generally the women did not put money high on their agenda in terms of significance.

The ability to 'get around', however, was seen as important in relation to quality of life. There is a huge range of mobility among our research participants, partly related to the variation in ages but also because of differing resources and abilities. Some of our participants own cars or go walking in the Dales, while others are dependent on Access buses that need to be booked in advance. Regular bus services do not always meet the needs of older people and are often too expensive. For instance, a Black Caribbean participant who likes to go to a gym early in the morning felt constrained because buses do not offer reduced rates to pensioners during rush hours. There was a lack of city buses on Sundays to take some participants to church, making them reliant on expensive taxis. Others rely on friends or family to take them to the shops. Although some of our Indian participants have their own cars, many of the Asians did not and were unable to access buses because of language issues and the difficulty of getting on and off buses that had not been adapted. Other issues of mobility relate to accessibility of public facilities. Lifts are especially important as they can make the difference between social inclusion and exclusion. In general, however, the women in this research saw mobility issues as challenges to be overcome rather than inevitable hindrances. While a small number spoke about problems of access and marginalisation, for example from places of worship, even here ingenious solutions had been devised, through developing personalised rituals of praying etc. Collective, community, as well as individual strategies served to accommodate perceived needs.

Many of the women's views about quality of life were linked, first, to perceptions of 'purpose' and, second, to that of 'being'. 'Purpose' refers to having a clear set of roles or functions to perform. For example, participants divided into those who have kin

near at hand and those who, through internal migration within Britain for work or retirement purposes, were separated from family and friends. The former tended to be the first generation migrants and white non-migrants who had lived in the same vicinity all their lives. The internal migrants were usually the white non-migrant women who were among the financially better off respondents, living in the suburban and rural areas. This meant they were rebuilding new networks, and a sense of purpose and mutual support, for which church, clubs and shared leisure interests frequently offered a basis.

For women whose family was more geographically proximate, 'purpose' is more likely to be related to them and to the 'moral economy of kin', that is the agreed tasks, obligations and reciprocities that bind family members together. For instance, many of the migrant and white non-migrant women offered a service to their children by looking after grandchildren, often stepping in when parents were at work. This was seen as both rewarding and as making a contribution to socio-economic relations. Some of the Black Caribbean participants were almost full-time grandmothers. This was so significant to the economy of the extended family that it was suggested that a creche should be provided at their elders' centre. However, there were also indications that grandmothers did not want to be locked completely into a grandparenting role, with some making it clear that they needed time off to do other things.

For those whose family lived further away, the telephone was an important link. For women with family in Pakistan, India and Ireland, face-to-face contact varied from yearly to once every two or three years. The high cost of travel was a determining factor in this for some and the separate and busy lifestyles of their children for others.

It is also clear that, in terms of purpose, friendships and social networks, community centres were of particular importance to the minority ethnic women. In many cases they are crucial in offering a meeting point for sharing language, culture and, in some cases, seeing satellite TV from their country of origin. Centres based on ethnicity are important in terms of sharing identity, ethnic food, history,

experiences and communal celebrations. This is especially significant to women who are isolated by their inability to speak English. Most of the centres which featured in this research are under-funded and feel they are in competition with each other for money.

Religion is largely ignored as a resource for older people. However, it is highly correlated with our participants' sense of 'being'. The majority of them have been brought up in cultures where religious practice is the norm and, for some, the migration process has reinforced their faith. A wide variety of beliefs is represented but basically there are two kinds of believers: 'traditional' believers who do not move in the mainstream of society, and who either do not speak English as a first language or who do not speak it at all;² and believers who have a more liberal and personalised approach to their faith, who are more reflexive in their practices and beliefs.

Most of the first generation migrant participants are devout and say that their faith has remained a constant and important presence throughout their lives. The Indian participants are Hindu or Sikh. The Pakistani and Bangladeshi participants are Muslim. The Polish and Black Caribbean women, who originate from the Commonwealth of Dominica, are Catholic. The women who originated from a number of other Caribbean islands represent a spectrum of Christian upbringings and allegiances including, Methodist, Baptist, Catholic, Apostolic Pentecostalist, Church of England and the Church of Christ and the Latter Day Saints. Some of the Black Caribbean participants attend Black Pentecostal churches as well as their own local church. Faith is also very important to some of the white non-migrant women. Most of these have been members of the Church of England or are Catholics.

The churches had an important social role as well as a spiritual one for some of the non-migrant women, especially those who were internal migrants within Britain and who had formed new friendship networks through their association with the church. For the widowed and never married, places of worship (apart from the Mosque) are among the few locations women can visit on their own to

² This does not mean that the 'traditional' believers have a faith which is not reflexive – the faith of migrants clearly changes with location but their belief is more based in collective faith than in liberal interpretations of tradition.

make social connections.³ Muslim women made their own arrangements, for instance holding prayer meetings in one of their houses.

Some of the non-migrant women did not regard their faith as being particularly important. However, even they described residual kinds of belief or religious practices and were reluctant to state categorically that they did not believe in God. In the case of disaffected Christians, disillusion has often come about through becoming critical, not of belief itself, but of the behaviour of other churchgoers, for instance in 'bickering over who should sing in the choir'. Generally, the Christians who tended to question their beliefs developed forms of personal spirituality and did not see doubt as being irreconcilable with faith. Exposure to mainstream culture meant that their faith tended to be more reflexive. A few of the Hindu participants said that their faith meant less to them than it had in the past but, for the majority of respondents, faith is an integral part of life and essential to wellbeing.

LIFE COURSE EVENTS, CULTURE AND PERCEPTIONS OF AGEING

There was a connection between life course events and experiences of ageing and later life. For instance, many of our participants had their desire for education left unfulfilled. This is the case for those migrant participants who had no schooling and who were required to work in the home. Others had their education curtailed early. Some non-migrant women left school at fourteen, while the Polish women found their education halted by the Second World War. For the Polish participants, war meant a number of experiences of extreme hardship and loss, including deportation as teenagers to forced labour in Germany or the USSR, loss of their families and a changed geography of their homeland as they knew it. Other migrant women had training which they were not able to use when they arrived in Britain, for example as nurses and teachers in the case of Polish and Black Caribbean

women. This has effected their quality of life today in that they feel they have been unable to fulfil their potential.

Women's employment experiences differed across ethnic groups. However, many respondents had juggled domestic and childcare responsibilities, with paid work throughout their lives. Some women said that paid employment had not been an option as they had to take care of others or work in family businesses. Others, such as a white rural participant who had married a farmer, received no remuneration for this and had no personal spending money. A number of the women made it clear that paid work had enabled them to feed and clothe their children adequately rather than provide an income for luxuries.

Employment history was seen by the women as crucial to their current financial circumstances. For example, the pension entitlements of women who had moved in and out of paid employment or worked in family businesses were less than those who had been in paid work throughout their lives. This meant that they had to rely on other sources of income in later life, such as part-time employment or income support. For many women there was an interesting blurring between work and leisure in retirement. Work is sometimes done for others, as in the case of voluntary work, or continued learning, craftwork and community and arts work are pursued. For example, the women who have skills, which they used in the labour force, are able to utilise those skills for themselves and others in their retirement. Some have become champions, campaigners and advocates through political or community involvement or through charitable work. It is of interest that, although some of the participants had taken up learning new skills, only one had taken up computing. There was a keen hunger amongst some of the community centre groups for more opportunities for learning.

Many of the participants who had worked in the paid labour force saw retirement as a time of release from hard work. As one participant put it '*now is my time to play*'. For a few participants who had had careers, retirement was a time of adjustment to a loss of status. Some of the participants mentioned

³ The only 'never married' women interviewed were white non-migrants.

how time had shrunk in retirement and that they did not have the time they had expected for leisurely pursuits. This was due to increased commitments in other areas, for example childcare and supporting community activities.

There are also differences in how participants felt at different stages of their lives in relation to ageing. Some Pakistani and Bangladeshi women reported feeling older at an earlier age than other participants, suggesting that women were old at 40 or 50. This was in contrast to the Indian and Polish participants who said they did not regard themselves as old until they were no longer able to do anything. Some Pakistani participants were mothers by the age of fourteen, with household, familial and parental responsibilities. Some felt that the responsibilities they had at an early age meant they felt old even though they were young. It may also be that the perception of age changes with workload and responsibility. For instance, a Black Caribbean participant, who gave birth to four children in four years, said she felt younger now she was over sixty than she did previously. The majority of the first-generation migrant women felt that they were not treated differently in later life, with many pointing out that there is respect for elders in their cultures. Interestingly, it was only the white non-migrant women who brought up the issue of the invisibility of women in later life, of being ignored or dismissed because of their perceived age.

DISCUSSION

The research indicates that older women are not necessarily disempowered by later life. They are also in different ways empowered and empowering, sometimes in similar and sometimes in culturally specific ways. To emphasise the vigour of our participants is not to dismiss their need for adequate support and services. However, empowerment and disempowerment are not set in binary opposition. Good policy and practice would build on what is empowering and not cause dependency and division.

Empowerment is a difficult term to define but finding an alternative term is equally problematic. Empowerment is not merely

about giving services nor is it purely associated with 'doing' or agency. Feeling powerful or empowered has an ontological nature as well, a sense of self-worth, which may indeed derive from cultural input and personal output, but which embraces a sense of value that enables a person to act and to receive. Foucault (1979) has shown that power is differentiated and located. What is empowering or enabling for one person/group is not necessarily so for another and will vary according to life-stages. We are exploring the ways in which our research participants are powerful and empowered using Rowlands' (1988) paradigm of empowerment, which is constructed in the context of women and development in the Third World. Within development studies, empowerment discourse is frequently fashioned on the model of autonomy and its most conservative use may be limited to promoting self-help. The culture of autonomy does not favour many women, the old and the poor. Rowlands challenges the prioritisation of an autonomous model of empowerment (based on the classical liberal model) and proposes an analysis which includes different models of power which involve power-sharing. She suggests four kinds of power to which people might aspire: 'power over', relating to dominant hierarchical models (the traditional top-down approach); 'power to'; 'power with' and 'power from within'. Rowlands argues that empowerment can be rooted in a person's own sense of identity, as well as shared with others. Our participants are mainly of two kinds, those who define their identity in relation to a collectivity and those who see themselves in terms of their individuality alone.

The appropriateness of Rowlands's model is evident in relation to the findings of this research. For instance, the participants who came from the Commonwealth of Dominica some forty years ago are empowered, but not in the white and generally masculine and consumerist ways of Eurocentric writing. They are empowered through their togetherness and collective activities (power with), as grandmothers (power over, power to, power with), through reciprocity and helping relationships (power to and power with) and through religion (power with and power from within). Many of these women are widows, with differing degrees of financial, health,

transport and other difficulties. On Saturday nights they meet at the Association and there is dancing and music. They celebrate Independence and Patron Saint days feasting. This year's events included Caribbean music, dancing, storytelling and Caribbean food, as well as a celebration that went on into the early hours. They save small sums of money to afford the occasional outing. They have a shared spirit of fight in them that keeps them going.

The accounts of the women in the research are also encouraging us to think of empowerment in other ways. First there are different kinds of empowerment. Access to resources alone does not necessarily translate into empowerment but is also related to perceptions of their value. In this context, differences of culture are highly important. Second, empowerment and disempowerment are relational concepts which have to be considered in the context of extent or degree. They are neither monolithic nor static, articulating a process, rather than a definitive state that fluctuates and changes over time. Third, older women located in different cultural and geographical spaces can be simultaneously empowered and disempowered in different ways. Not only is this emphasis on contextuality important but people can be empowered in some areas of their lives and disempowered in others simultaneously. Finally, life course events, as well as current experiences, can have both empowering and disempowering outcomes. Our women's different wartime and, for many, migratory experiences still affect their views of themselves and their lives today.

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Notes

1. The research is funded through ESRC grant L 480 25 4047.
2. This does not mean that the 'traditional' believers have a faith which is not reflexive – the faith of migrants clearly changes with location but their belief is more based in collective faith than in liberal interpretations of tradition.
3. The only never married women interviewed were white non-migrants.

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